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societies, nor the value of an attempt at synthesis, which, if not the most comprehensive, is at least one of the most interesting in the field of social science.

To those who have followed at all closely the criticism of Tarde's works during the last fifteen years, the book will appear to be the mature judgment of one who has known most intimately the drift of sociological opinion in that time. To those who are familiar with Tarde himself, that judgment will appear sound and just which finds in him "a vast and original mind, but one too systematized by the need of certitude," and which sees in his subordination of teleology to logic, and his complete separation of the social phenomena from their biological basis, the chief sources of weakness in his work.

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Le doute. Par PAUL SOLLIER. Paris, Félix Alcan, 1909.—pp. 404.

The doubt of which this book treats is a mental process which is sometimes normal, sometimes pathological. The normal doubter is the person whose doubts are occasional, who has, that is, some reason or objective ground for his feeling of uncertainty. The morbid doubter, on the contrary, makes his occasions, and his uncertainties have a subjective basis. But pathological differs from normal doubt, says the author, only in the exaggeration and persistence of its manifestations.

The characteristics of doubt are as follows. It is primarily an oscillation between two or more representations, beliefs, or courses of action, a hesitation to commit oneself to either or any side. And the oscillation is always unpleasant—often agonizing. These two points Sollier considers the essentials of doubt. This opposition of tendencies is really also a division or conflict within the self. Doubt of the external world engenders doubt of self. The doubter is self-conscious, and this is particularly annoying when he is trying to perform acts which are usually automatic. Acute self-consciousness is inhibitive and the author says that it is rare for the morbid doubter to lose self-consciousness completely. The strong affective tone, and the fact that the oscillations are involuntary and unsought for, distinguish this experience from impersonal or philosophic doubt, which the writer does not include in his field. A tendency to obsessions is general in cases of pathological doubt. It is not essential, since the doubter may sometimes suspend his state of hesitancy and attend to other things, but obsession is a fairly constant manifestation of doubt. If, for example, an habitual doubter is not sure whether he has washed his hands perfectly clean from some contamination, he may wash them again and again indefinitely, or some certain number of times which he has fixed for himself "in order to be sure." This mania for repeating the operation is his obsession and it is the natural result of the doubt, *i. e.*, is his means of assuaging that doubt.

Certain sensory and motor accompaniments of morbid doubt are noted. There are sensations of tingling, pricking, burning, and numbness, and even sometimes a diminution of sensitivity, chiefly in the region of the head.

There are feelings of fatigue, both cerebral and general. The pulse becomes small and hard. The throat tightens. A state of muscular fatigue is often entailed by a siege of doubt, and is probably due to the fact that there is a large expenditure of neuro-muscular energy as the doubter vacillates between different lines of action and is inhibited from all of them. The intellectual accompaniments of morbid doubt are a lessened power of attention, and consequently a lessened power of reasoning. The doubter's thought lacks continuity and organization. Memory is impaired. A predominance of association by contrast is characteristic. However, the author asserts that the habitual doubter is sometimes endowed with great imaginative power and critical acumen. Doubt is analytic, dissociative, inhibitive. It is the character of the doubter to be unstable, emotional, and impulsive.

Practically any circumstance or possibility may become the object of doubt. But the author says that of two possibilities which present themselves the more improbable is the one which the doubter fixes upon. This is noted particularly with the phobias which form a very important class of doubts. Not only does the "phobic" fear the evil which is less likely to happen, but he usually fears possible rather than actual conditions. The sufferer often fears that he will do certain acts, and these acts are almost invariably such as the person's established habits and character would render impossible. The religious person fears that he will commit some sacrilege, the honest man that he will commit a theft, etc. These specific fears do not mean that the sufferer is universally timid. The "phobic" is not necessarily a coward, and in circumstances unconnected with his doubts and fears he may display signal firmness of mind and even heroism.

The cause of morbid doubt, or the general condition which leads to it, is described as a feebleness of cerebral action, which is marked by incapacity for sustained effort and by *émotivité*. This general affectivity accounts for the rapidity with which the doubter oscillates from one mental representation to another, and also for the facility with which an excruciating doubt may appear and disappear.

A comparison between what the author calls doubt and what Pierre Janet has called "psychasthenia" convinces Sollier that the two phenomena are equivalent. The symptoms and stigmata of psychasthenia which Janet describes are but the characteristics of doubt as Sollier understands it. Instead of Janet's conception of lower mental levels as the basis of the phenomena, Sollier employs his conception of cerebral instability and of affectivity.

In discussing the treatment of pathological doubt, the author insists continually that the patient cannot be argued or reasoned out of his doubt. The arguments used become in their turn the objects of doubt and the patient finds himself worse confounded. What he needs is dogmatic assurances from some person in whom he has confidence. Doubt, being fundamentally an emotional state, is less amenable to reason than it is to something which is able to inspire a blind faith. Sollier says that doubters will beg for personal affirmations and assurances rather than for proofs. Doubt will sometimes

disappear under the stress of excitement of various kinds. The author has little faith in an appeal to the will power of such subjects as a means of cure. He believes rather that the most important means of helping to remove pathological doubt is to promote the physical well-being of the subject. Plenty of sleep, nourishing food, and the absence of distracting or harrowing circumstances will do much towards establishing greater cerebral stability and hence towards diminishing affectivity.

The book is clearly written and is pleasant and temperate in tone. It contains valuable and interesting material but it is too long. There is a good deal of repetition and an amount of unnecessary material.

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L'art et le geste. Par JEAN D'UDINE. Paris, Félix Alcan, 1910.—pp. xvii, 284.

This interesting book offers an explanation in mechanical terms of the facts and processes of art. In the preface M. d'Udine acknowledges his indebtedness on the one hand to M. E. Jaques-Dalcroze, on the other to M. Félix Le Dantec. It is from the methods of artistic instruction devised and practised by the former and from the biological theories expounded by the latter in numerous well-known works, that M. d'Udine has developed his own conception of the way in which works of art come into existence and of the ultimate origin of the artistic impulse. Stated in his own words (p. 63), his central thesis is as follows: "Je voudrais établir, en effet, parce que je crois cela profondément vrai, qu'à chaque émotion, de quelque ordre que ce soit, correspond une attitude, un mouvement corporel, et un seul, et que c'est par l'intermédiaire de ce mouvement que s'opère la traduction synesthésique extrêmement complexe dont s'accompagne toute création artistique."

The first part of the book, entitled "L'imitation des rythmes naturels," is devoted to the proof of this thesis. Chapter I considers the emotion experienced by the artist, the desire to produce, and the phenomenon called inspiration. The essential feature of life is motion, and underlying all our feelings and states of mind are physiological rhythms. What the artist does is to create for a given series of such rhythms a set of symbols that will have the power of giving rise to a closely similar series in those to whom the work of art is addressed. No act of magic, however, is involved in the process, and what we call inspiration is in no sense a cause, but a result, a state of mental exaltation accompanying the successful and rapid accomplishment of the artist's task, in short, a mere epiphenomenon.

The writer passes in Chapter II to a discussion of various preliminary topics, e. g., the nature of imitation and the stages of artistic evolution, and at the end of the chapter enters more directly upon his principal subject, namely, the nature and function of synæsthesias in art. The remaining chapters of Part I are occupied with a study of synæsthesias as fundamental to the various arts, poetry, dancing, music, painting, architecture. In poetry, language effects a fusion of specific sensory images into generic images. Contemporary literature (Hüysmans) "présente les associations sensorielles synesthésiques